

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED                    AFTER 1ST  
AMENDMENT                    AFTER 2ND  
AMENDMENT

IND                    DEP                    IND                    DEP                    IND                    DEP

1	1				
2	1				
3	1				
4	1				
5	1				
6	4				
7	1				
8	1				
9	1				
10	1				
11	2				
12	2				
13	2				
14	2				
15	2				
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					

TOTAL IND.

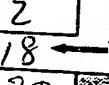
2

TOTAL DEP.

18

TOTAL CLAIMS

20



51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			
75			
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

